(FILE 'HOME' ENTERED AT 11:11:24 ON 11 MAY 2004)

FILE 'STNGUIDE' ENTERED AT 11:11:27 ON 11 MAY 2004

FILE 'HOME' ENTERED AT 11:11:33 ON 11 MAY 2004

FILE 'BIOSIS, MEDLINE, CAPLUS, WPIDS' ENTERED AT 11:11:37 ON 11 MAY 2004

		E HEINEGARD D/AU
L8	2	S GUAIAC AND (HEME OR HEMOGLOBIN) AND CHROMATOGRAPH?
		E CHANDLER H/AU
L9	1	S E3 AND E14
L10	98	S E3 OR E14
		E SINATRA M/AU
L11	7	S E7 OR E8
L12	105	S L10 OR L11
L13	80	DUP REM L12 (25 DUPLICATES REMOVED)
L14	1	S GUAIAC AND (HEME OR HEMOGLOBIN) AND L13
L15	1	S GUAIAC AND HEMOGLOBIN AND (TEST STRIP)
L16	23	S TEST STRIP AND FECAL
L17	21	DUP REM L16 (2 DUPLICATES REMOVED)

L8 ANSWER 1 OF 2 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
AN 2000-387882 [33] WPIDS
DNN N2000-290326 DNC C2000-117875
TI Detecting **heme** in biological samples such as feces using antibodies.
DC B04 C07 D16 S03
IN CHANDLER, H M; SINATRA, M
PA (ENTE-N) ENTERIX INC
CYC 91
PI WO 2000029852 A1 20000525 (200033)* EN 49 G01N033-72
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL OA PT SD SE SL SZ TZ UG ZW
W: AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK DM EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
AU 2000015358 A 20000605 (200042)
BR 9915384 A 20010731 (200146) G01N033-72
EP 1131637 A1 20010912 (200155) EN G01N033-72
R: AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI
CN 1334924 A 20020206 (200231) G01N033-72
ZA 2001003978 A 20020731 (200271) 61 C12Q000-00
JP 2002530651 W 20020917 (200276) 47 G01N033-543
MX 2001004918 A1 20020501 (200368) C12Q001-28
ADT WO 2000029852 A1 WO 1999-AU1014 19991117; AU 2000015358 A AU 2000-15358 19991117; BR 9915384 A BR 1999-15384 19991117, WO 1999-AU1014 19991117;
EP
1131637 A1 EP 1999-957736 19991117, WO 1999-AU1014 19991117; CN 1334924 A CN 1999-814642 19991117; ZA 2001003978 A ZA 2001-3978 20010516; JP 2002530651 W WO 1999-AU1014 19991117, JP 2000-582804 19991117; MX 2001004918 A1 WO 1999-AU1014 19991117, MX 2001-4918 20010516
FDT AU 2000015358 A Based on WO 2000029852; BR 9915384 A Based on WO 2000029852; EP 1131637 A1 Based on WO 2000029852; JP 2002530651 W Based
on
WO 2000029852; MX 2001004918 A1 Based on WO 2000029852
PRAI AU 1998-7134 19981117
IC ICM C12Q000-00; C12Q001-28; G01N033-543; G01N033-72
ICS G01N021-78; G01N033-50; G01N033-52; G01N033-53

=> d 2

L8 ANSWER 2 OF 2 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
AN 1993-253554 [32] WPIDS
DNN N1993-194756 DNC C1993-113151
TI Detecting specifically occult blood in excrement - includes adsorbing haemoglobin in excrement on affinity **chromatographic** carrier on which haptoglobin is fixed, and determining occult blood e.g. by radio, immunoassay.
DC B04 J04 S03

PA (FUNA-I) FUNAYAMA M
CYC 1
PI JP 05172809 A 19930713 (199332)* 5 G01N033-50
ADT JP 05172809 A JP 1991-54225 19910103
PRAI JP 1991-54225 19910103
IC ICM G01N033-50
ICS G01N033-53; G01N033-72

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L14 ANSWER 1 OF 1 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
AN 2003-058460 [05] WPIDS
DNN N2003-045359 DNC C2003-014955
TI Collecting sample from patient for detecting pathological condition or disease in gastrointestinal tract of patient, involves collecting sample directly from the lumen of the lower tract of the patient.
DC B04 D16 P31
IN **CHANDLER, H M**
PA (ENTE-N) ENTERIX INC
CYC 100
PI WO 2002080775 A1 20021017 (200305)* EN 16 A61B010-00
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW
ADT WO 2002080775 A1 WO 2002-AU419 20020402
PRAI US 2001-281741P 20010404
IC ICM A61B010-00

L15 ANSWER 1 OF 1 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2003:47460 BIOSIS
DN PREV200300047460
TI A new immunological **test strip** device for the rapid, qualitative detection of faecal occult blood.
AU Trojan, J.; Povse, N.; Schroeder, O.; Stein, J. [Reprint Author]
CS Medizinische Klinik II, Klinikum der Johann Wolfgang Goethe-Universitaet, Theodor-Stern-Kai 7, 60590, Frankfurt, Germany
J.Stein@em.uni-frankfurt.de
SO Zeitschrift fuer Gastroenterologie, (November 2002) Vol. 40, No. 11, pp. 921-924. print.
CODEN: ZGASAX. ISSN: 0044-2771.
DT Article
LA English
ED Entered STN: 15 Jan 2003
Last Updated on STN: 15 Jan 2003

L17 ANSWER 1 OF 21 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
TI Diagnostic test kit for collecting and diagnosing specimens e.g. blood, comprises several diagnostic test strips, instrument for extracting material, reagent material and an elongated, tubular enclosure.
IN KHAN, W N
AB US2003013121 A UPAB: 20030731
NOVELTY - A diagnostic test kit for testing materials for indication of conditions present in body, comprising several diagnostic test strips, instrument for extracting material and facilitates placement onto portion of **test strip**, reagent material for reacting on **test strip** with body material and elongated, tubular enclosure for holding test strips, instrument and reagent material, is new.

DETAILED DESCRIPTION - A diagnostic test kit for testing material from a human body for indication of a condition present in the body, comprises several diagnostic test strips for diagnosing the condition of human body associated with the body material, an instrument for extracting material from human body and facilitates placement on the **test strip**, a reagent material for reacting on **test strip** with the body material and an elongated, tubular enclosure for holding test strips, extraction instrument and reagent material.

USE - As diagnostic test kit for collecting and diagnosing specimen such as blood, **fecal** matter or urine.

ADVANTAGE - The diagnostic test kit is compact in size and also inexpensive to produce. Hence the kit is convenient to distribute in remote areas lacking conditions for clinical testing and also promotes self examination in testing their specimens.

DESCRIPTION OF DRAWING(S) - The figure shows the top plan view of the diagnostic test kit (in the shape of ball-point pen).
Dwg.1/6

L17 ANSWER 2 OF 21 MEDLINE on STN DUPLICATE 1
TI Quantification of urinary hemoglobin by an immunological method.
AU Watanabe Nobuko; Hashimoto Yoshiaki; Futamura Azusa; Mashige Fumiko; Nakahara Kazuhiko
SO Rinsho byori. Japanese journal of clinical pathology, (2003 May) 51 (5) 403-8.
Journal code: 2984781R. ISSN: 0047-1860.
AB The quantification method of urinary hemoglobin has not been established. We examined whether a reagent (Eiken, Tokyo) used to immunologically assay **fecal** hemoglobin could be utilized to quantify urinary hemoglobin. The coefficients of variation were 2.2-3.0% in the reproducibility of one-run assays using urine and 4.3-5.7% in that of multiple-run assays using the standard sample of hemoglobin. Urinary hemoglobin was unstable and decreased in a time- and temperature-dependent manner. However, addition of the hemoglobin stabilization buffer (50 mM phosphate buffer, pH 6.4) (Eiken) to urine made urinary hemoglobin stable. Urinary hemoglobin levels did not change significantly when stored at 4 degrees C for 7 days or at -80 degrees C for 30 days. The hemoglobin concentration

(mean +/- SD) of urine showing 1+, 2+ and 3+ with a **test strip** was 385 +/- 165(n = 30), 1070 +/- 499(n = 40) and 4130 +/- 2770 ng/ml (n = 20), respectively. Urinary hemoglobin did not correlate with urinary albumin, transferrin, immunoglobulin G, N-acetyl-beta-D-glucosaminidase nor alpha 1 microglobulin. These results suggest that this immunological method using the hemoglobin stabilization buffer can be utilized for quantification of urinary hemoglobin, which may provide clinically important information.

L17 ANSWER 3 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Elimination-absorber monitoring system
IN Nielsen, Wyn Y.
SO PCT Int. Appl.
CODEN: PIXXD2
AB An elimination-absorber monitoring system addresses diaper-monitoring problems (400) with a unique, low cost, multi-layer disposable sensor (100) structure that absorbs small volumes of urine, yet allows most urine volume to flow unimpeded through it, and into the diaper (400) below. When connected with a reusable, miniature monitor/indicator unit (500), the sensor (100) presents a clear and on-going change of measurement condition upon experiencing a rapid influx into the diaper (400) of a significant volume of urine, and/or upon a significant reduction in the available absorbency of the diaper's top surface (474). The sensor (100) additionally provides recessed, protected elements for similarly presenting a clear and on-going change in measurement condition upon experiencing the presence of **fecal** matter. Further provided is the monitor unit (500) employing narrow, widely-spaced, fast-time, fast transition-time pulses for conductivity measurement and alarm activation. The monitor (500) and sensor (100) are interconnected and attached to diaper (400) by particularly effective and unique means, and the monitor is equipped with a highly intuitive and convenient control interface, as well as improved assemblies for the transmission of audible and visual alarm indications. Also described is a convenient **test-strip** device which, when connected to the monitor/alarm unit of the system, can selectively simulate either a soiled or unsoiled elimination-absorber/sensor for test, caregiver-training or demonstration purposes.

L17 ANSWER 4 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Method for assaying biomolecules and other constituents using indicator conjugates with synthetic nucleounits in lateral flow, liquid, and dry chemistry techniques
IN Smith, Jack V.
SO U.S. Pat. Appl. Publ., 46 pp.
CODEN: USXXCO
AB The present invention is a method for the use of particles made up of nucleotides or fragments of base groups of DNA and RNA mols. herein referred to as synthetic nucleounits which can be used as recognition mols. with specificity and sensitivity significantly greater than that of antibodies which are used in clin. diagnostics, biotechnol., and research.

The method for detecting an analyte using nucleounits targeted to the analyte comprises (1) identifying a nucleounit from a mixture of synthetic random sequences of nucleounit libraries, (2) conjugating the nucleounit to an indicator for the analyte, and (3) detecting the analyte using the nucleounit-indicator conjugate in a buffer. Step 1 is carried out by (a) contacting the analyte with the mixture of synthetic random sequences of nucleounit libraries such that some nucleounits bind the analyte, (b) removing the unbound nucleounits by partitioning, and (c) amplifying the remaining nucleounits by PCR to obtain an enriched solution of nucleounits with high affinity for the analyte. Thus, a method and lateral flow **test strip** for detection of cytomegalovirus (CMV) presence in a biol. sample such as serum or urine is described. The strip is prepared with three solns., one containing anti-CMV antibodies, one containing "nucleounit to CMV antibody conjugated to red microparticles" and "red microparticles", and another containing "nucleounit to colored particles". The "nucleounit" may be an oligonucleotide aptamer specific for anti-CMV antibodies.

L17 ANSWER 5 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN

TI A new immunological **test strip** device for the rapid, qualitative detection of faecal occult blood

AU Trojan, J.; Povse, N.; Schroeder, O.; Stein, J.

SO Zeitschrift fuer Gastroenterologie (2002), 40(11), 921-924
CODEN: ZGASAX; ISSN: 0044-2771

AB Objective: Guaiac tests for **fecal** occult blood are still the most commonly performed screening procedure for colorectal cancer. Because both sensitivity and specificity of **fecal** occult blood testing are critical to cost-effective colorectal cancer screening programs, we investigated a rapid immunol. **test strip** device for bedside detection of **fecal** occult blood. Methods: Stool specimen from 100 patients were chosen for this study based on the presence (n = 50) or absence (n = 50) of **fecal** occult blood as measured with a human Hb ELISA (cut-off level ≤ 10 μg Hb/g stool). All specimens were analyzed for **fecal** occult blood by a guaiac test (Hemocare) and an immunol. **test strip** device (Prevent ID CC). Results: Sensitivity and specificity of the immunol. **fecal** occult blood **test strip** device were 76% and 92%, compared to 30% and 90% for the guaiac test. Increasing the cut-off level of the Hb ELISA to ≤ 20 μg Hb/g stool, the corresponding sensitivity and specificity were 86% and 83% for the immunol. **test strip** device and 42% and 92% for the guaiac **fecal** occult blood test, resp. The highest pos. predictive value was achieved with the immunol. **test strip** device. Conclusions: The new immunol. **test strip** device is more sensitive than a guaiac test for the detection of **fecal** occult blood, whereas the specificity of both tests was comparable. However, the clin. validity of this new immunol.

fecal occult blood **test strip** device for colorectal cancer screening has to be established, yet.

L17 ANSWER 6 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Elimination-absorber monitoring system
IN Nielsen, Wyn Y.
SO U.S., 67 pp.
CODEN: USXXAM
AB An elimination-absorber monitoring system addresses diaper-monitoring problems with a unique, low cost, multi-layer disposable sensor structure that absorbs small volumes of urine, yet allows most urine volume to flow unimpeded through it, and into the diaper below. When connected with a reusable, miniature monitor/indicator unit, the sensor presents a clear and on-going change of measurement condition upon experiencing a rapid influx into the diaper of a significant volume of urine, and/or upon a significant reduction in the available absorbency of the diaper's top surface. The sensor additionally provides recessed, protected elements for similarly presenting a clear and on-going change in measurement condition upon experiencing the presence of **fecal** matter. Further provided is the monitor unit employing narrow, widely-spaced, fast rise-time, fast transition-time pulses for conductivity measurement and alarm activation. The monitor and sensor are interconnected and attached to a diaper by particularly effective and unique means, and the monitor is equipped with a highly intuitive and convenient control interface, as well as improved assemblies for the transmission of audible and visual alarm indications. Also described is a convenient **test-strip** device which, when connected to the monitor/alarm unit of the system, can selectively simulate either a soiled or unsoiled elimination-absorber/sensor for test, caregiver-training or demonstration purposes.

L17 ANSWER 7 OF 21 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
TI Diagnosis of inflammatory enteric disease using an immunochromatographic **test strip** which allows detection of several enteric disease markers such as **fecal** lactoferrin or bacterial markers.
IN MOORE, N; TARR, P I; MOORE, N J; TARR, P
AB WO 200136975 A UPAB: 20010704
NOVELTY - Immunochromatographic test (ICT) for diagnosing inflammatory enteric disease, by concurrently assaying for a number of inflammatory enteric disease indicators (DIs), is new, as is a device for carrying out such a test.

DETAILED DESCRIPTION - Immunochromatographic test (ICT) for diagnosing inflammatory enteric disease, by concurrently assaying for a multiplicity of inflammatory disease indicators (DIs), comprises:

(a) obtaining a **fecal** liquid test sample from a test subject;

(b) providing a labeled antibody (LA) source containing a number of LAs, each comprising a label conjugated with a particular antibody, where each antibody binds specifically with a particular one of the DIs to form a specific LA-DI complex;

(c) mixing the **fecal** liquid sample with the LA source so

that one or more LA-DI complexes may form;

(d) exposing the **fecal** liquid sample to a series of fixed, spatially distinct test zones, each of which contains a particular complementary antibody (CA), the CA having been selected for its capacity to bind with one of the multiplicity of DIs;

(e) allowing a spatial fixing of the LA-DI complex to occur for each particular CA that binds with one of the DIs, to create a label stripe that is readable by appropriate label-specific means, where the spatial fixing constitutes a positive result for one of the DIs; and

(f) reading the series of test zones to determine whether each of the series of test zones indicates a positive or negative test result, respectively. The sequence of mixing and exposing in steps (c) and (d) can include first exposing the **fecal** liquid sample to the series of test zones and then mixing the LA source with the **fecal** liquid sample.

INDEPENDENT CLAIMS are included for:

(A) ICT device (I), for assaying for inflammatory enteric disease by concurrently assaying for a multiplicity of inflammatory enteric DIs in a **fecal** liquid test sample, comprising:

(a) a first section bearing a LA source which includes a number of labeled antibodies, each of which has been produced by conjugation of a label with an antibody capable of binding with one of the enteric DIs to form a LA-DI complex;

(b) a second section bearing a series of test zones, each of which is distinct and separate from every other one of the series and which bears an immovably fixed CA capable of binding with one of the number of indicators being assayed in the test sample; and

(c) a third section bearing a control zone, which is a distinct and separate region which bears an immovably fixed control antibody that is capable of binding with any one of the LAs from the antibody source. The control zone is accessible to the **fecal** liquid test sample only after the test sample has been exposed to the series of test zones; and

(B) preparation of (I) to screen for a number of inflammatory enteric DIs, comprising:

(a) determining the number of enteric DIs to be assayed for;

(b) obtaining a number of LAs by conjugating purified antibodies with a label, each of the purified antibodies being capable of binding with a specific one of the inflammatory enteric DIs so as to form a LA-DI complex;

(c) embedding the LAs in a first section of the device;

(d) embedding a series of test zones on a second section of the device, where each of the test zones bears immovably fixed CA capable of binding at a first epitope on one of the enteric DIs being assayed for; and

(e) embedding a control zone on a third section of the device, where the control zone bearing control antibodies, and where the control antibodies are antibodies capable of binding with any one of the labeled antibodies in the antibody source.

USE - The ICT is useful for detection of inflammatory conditions of the intestines and for detection of bacterial, viral or protozoan causes of such conditions.

ADVANTAGE - The ICT is capable of simultaneously testing for multiple enteric pathogens. It provides rapid screening ability, is economical and can be readily used by unskilled persons.

DESCRIPTION OF DRAWING(S) - The figure shows an ICT device as described above.

first panel 3
second panel 4
sample well 7
test strip 15
conjugate pad 16
nitrocellulose pad 17
absorbent pad 24
test zones 21a, 21b
Dwg.1/2

L17 ANSWER 8 OF 21 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
TI Detecting infections by acid-resistant microorganisms, particularly for diagnosing Helicobacter pylori, comprises an immunoassay on a **fecal** sample.
IN CULLMANN, G; HAINDLL, E; HEPPNER, P; MUELLER, H; REITER, C; RINGEIS, A; HAINDL, E
AB WO 200127613 A UPAB: 20040123
NOVELTY - Detecting, in a mammal, infection by an acid-resistant microorganism (A) comprising reacting a **fecal** sample with:

(i) a receptor (R) such that a complex is formed with an antigen (Ag) of (A); or

(ii) two different R so that a three-part complex is formed with Ag, and the formation of a complex detected.

DETAILED DESCRIPTION - Detecting, in a mammal, infection by an acid-resistant microorganism (A) comprising reacting a **fecal** sample with:

(i) a receptor (R) such that a complex is formed with an antigen (Ag) of (A); or

(ii) two different R so that a three-part complex is formed with Ag, and the formation of a complex detected.

R are specific for an Ag which, after passage through the intestines, at least in some mammals, retains a native (or corresponding) structure against which the mammal produces antibodies (when immunized or infected with (A), or its extracts, lysates or derived proteins (or fragments) or synthetic peptides).

INDEPENDENT CLAIMS are also included for the following:

(1) monoclonal antibodies (MAb), their fragments or derivatives, that have a variable region comprising at least one of 24 specified CDRs (complementarity-determining regions);

(2) an aptamer (I) that binds specifically to the same epitope as

MAb;
(3) an epitope (II) that binds specifically to MAb or (I);
(4) an antibody, or its fragments or derivatives, that bind specifically to (II);
(5) a diagnostic kit containing at least one R, optionally fixed to a carrier, optionally also a mixture of receptors which may also be immobilized;
(6) a test device, or kit, containing at least one R fixed to a carrier, for processing and analyzing **fecal** samples;
(7) a composition, particularly a pharmaceutical, containing at least one R, optionally also a carrier and/or diluent; and
(8) a pack containing the composition of (7) or the device/kit of (6).
ACTIVITY - Antibacterial.
MECHANISM OF ACTION - None given.
USE - The method is used to diagnose infection by Helicobacter, Campylobacter or Mycobacterium, particularly H. pylori (most preferred), H. hepatica, C. jejuni and M. tuberculosis, and also to monitor the progress of treatment. Receptors, particularly antibodies, directed against Ag can be used therapeutically for treatment of infections.
ADVANTAGE - The method requires only one R to provide a reasonably secure diagnosis (although use of two R improves sensitivity), so is relatively inexpensive and more easily standardized. Also it is direct, non-invasive, suitable for automation and may indicate the stage of an infection.
Dwg.0/9

L17 ANSWER 9 OF 21 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
TI Detecting infections by acid-resistant microorganisms, particularly for diagnosing Helicobacter pylori, comprises immunochromatographic detection of antigen in feces.
IN CULLMANN, G; DEHNERT, S; LAKNER, M; REITER, C; SCHWARTZ, G; TRUEE, A; HAINDL, E; HEPPNER, P; MUELLER, H; RINGEIS, A
AB WO 200127612 A UPAB: 20030928
NOVELTY - Detecting infection by an acid-resistant microorganism (A), in a mammal, comprises using immunochromatography.
DETAILED DESCRIPTION - Detecting infection by an acid-resistant microorganism (A), in a mammal, comprises
(a) preparing an immunochromatographic **test strip** having a sample application zone (I);
(b) applying a **fecal** sample, containing an antigen (Ag) of (A) to (I);
(c) incubating the sample with:
(i) a first receptor (R1) to form a complex with Ag; or
(ii) at least two different R1 to form a three-part complex with Ag, where R1 are specific for an Ag which, after passage through the intestines, at least in some mammals, retains a native (or corresponding) structure against which the mammal produces antibodies (when immunized or infected with (A), or its extracts, lysates or derived proteins (or fragments) or synthetic peptides);

(d) immobilizing a second receptor (R2), able to bind to the complex formed between Ag and R1 to an analytical region;
(e) transporting the first complex;
(f) forming a second complex with R2 in the analytical region; and
(g) detecting the complex.
INDEPENDENT CLAIMS are also included for the following:
(1) an immunochromatography test device, especially for the new process, that comprises (I), an incubation system, an analytical region and a system for transporting the Ag-R1 complex;
(2) monoclonal antibodies (MAb), their fragments or derivatives, that have a variable region comprising at least one of 24 specified CDRs (complementarity-determining regions), given in the specification;
(3) an aptamer (i) that binds specifically to the same epitope as MAb;
(4) an epitope (ii) that binds specifically to MAb or (i);
(5) an antibody, or its fragments or derivatives, that bind specifically to (ii); and
(6) a kit containing at least one test device of (1).
USE - The method is used to diagnose infection by an acid-resistant microorganism (A), in a mammal, such as Helicobacter, Campylobacter or Mycobacterium, particularly H. pylori (most preferred), H. hepatica, C. jejuni and M. tuberculosis.
ADVANTAGE - The method is rapid, simple, inexpensive and non-invasive, and may indicate the stage of infection. A **test strip** used in the method may include a filter to eliminate particles present in the sample and only a single receptor provides a reasonably secure diagnosis, with specificity and selectivity improved by detecting several epitopes (of catalase) or different antigens (catalase and beta -urease). The method can be automated.
Dwg.0/10

L17 ANSWER 10 OF 21 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
TI Testing device for identification of analyte of interest in sample.
IN CHANDLER, H M; CHANDLER, H
AB WO 9918436 A UPAB: 19990616
NOVELTY - The device has a sample application matrix for receipt of the sample, and an insertable testing element (33). This communicates with the matrix so that components of the liquid-containing sample are carried from the matrix to the testing element.
DETAILED DESCRIPTION - An INDEPENDENT CLAIM relates to a testing device which has a sample application matrix for receiving a number of samples at discrete locations, and aggregating the samples. A single test may be performed to simultaneously determine the presence of the analyte of interest in the samples which had discrete origins.
USE - The analyte of interest may be an antibody, antigen, or hapten.
It may be used to test for cancer or a pathogenic infection. The antigen or hapten may be a contaminant in food or water. The analyte of interest may be hemoglobin in **fecal** material to detect occult gastrointestinal bleeding.

ADVANTAGE - The single device serves a collection and testing function.

DESCRIPTION OF DRAWING(S) - The figure shows a perspective view from the rear of the device.

solvent application apertures 27,29

insertable test element 33

Dwg.2B/6

L17 ANSWER 11 OF 21 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
DUPLICATE 2

TI Identification of Listeria monocytogenes from unpasteurized apple juice using rapid test kits.

AU Sado, Patricia N. [Reprint author]; Jinneman, Karen C.; Husby, Gary J.; Sorg, Susan M.; Omiecinski, Curtis J.

SO Journal of Food Protection, (Sept., 1998) Vol. 61, No. 9, pp. 1199-1202. print.
CODEN: JFPRDR. ISSN: 0362-028X.

AB A microbiological survey of 50 retail juices was conducted in the fall of 1996. These juices were analyzed for Listeria monocytogenes, Escherichia coli O157:H7, Salmonella, coliforms, **fecal** coliforms, and pH. Two unpasteurized juices were positive for L. monocytogenes: an apple juice and an apple raspberry blend with a pH of 3.78 and 3.75, respectively. Three L. monocytogenes isolates were characterized. The colonies were typical for Listeria sp. on Oxford and lithium chloride-phenylethanol-moxalactam agars and were beta-hemolytic on sheep blood agar. The isolates required 5 days of incubation at 35degree C to produce a positive rhamnose reaction in a phenol red carbohydrate broth. This slow rhamnose utilization resulted in these isolates not being identified using the Micro-ID **test strip** (Organon Technika). However, the isolates were positive for L. monocytogenes using the API Listeria strip (BioMerieux) and a multiplex polymerase chain reaction for detection of the hemolysis (hyla) and invasion-associated protein (iap) genes.

L17 ANSWER 12 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN

TI **Fecal** test method and device

IN Childs, Mary Ann; Chowdury, Mohammed A.; Chung, Craig; Carter, Diane; Prakash, Anjana; Bernstein, David

SO PCT Int. Appl., 38 pp.
CODEN: PIXXD2

AB Methods are disclosed for determining the presence or amount of analyte in a **fecal** sample. In a preferred embodiment, a **fecal** sample is applied to an absorbent filter that contacts an immunochromatog. assay strip which contains a high concentration of detergent. The detergent exts. a surface antigen from an enteric pathogen and color is produced by a colloidal gold and selenium reaction system. Examples are given of cholera diagnosis by the detection of Vibrio cholerae and for the detection of Escherichia coli serotype O157 using strip tests of the invention.

L17 ANSWER 13 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Immunoassay element for **fecal** hemoglobin detection at home
IN Kinoshita, Masahiko; Koike, Tetsuhisa; Tsuche, Takashi
SO Jpn. Kokai Tokkyo Koho, 6 pp.
CODEN: JKXXAF
AB The test element (diagram shown) comprises a site containing colored particles (e.g. latex) containing (gold colloid-) labeled 1st antibody, a location at a distance of 0.5-4.0 cm away from the 1st antibody site with immobilized 2nd antibody, a porous matrix (e.g. glass filter), and a chromatog. medium. The test element is used at home for determination of human Hbs (or occult blood) in feces for digestive tract cancer diagnosis.

L17 ANSWER 14 OF 21 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
TI Testing strip for detecting occult blood in faeces - has guaiac test paper moistened by absorbent pad on pulling tab initiating test reaction.
IN SCHREIBER, R
AB US 5171529 A UPAB: 19970522
A testing device for determining the presence of occult blood in faecal matter includes a primary support sheet with a window for receiving the test sample. A strip of test paper is positioned on the top surface of the support covering the window. A strip of flexible material folded in two over the test paper includes a first layer next to the paper, a pull tab extending outwardly and away from the first layer past the support sheet, and a second layer next to the first terminating in a free inside end. An absorbent pad impregnated with a reaction liquid is secured to the flexible strip on top of the second layer.

A transparent wrap covers the flexible strip and pad and is secured to the top surface of the support sheet and inside free end of the strip.

USE/ADVANTAGE - The device is for home use for detecting the presence of occult blood in faeces. The device can provide an early warning of digestive tract cancer.

Dwg.1/6

L17 ANSWER 15 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Immunological determination of **fecal** albumin for the detection of colonic hemorrhaging
AU Kutter, D.; Kremer, A.; Aspesberro, F.; Gallego, F.
SO Zeitschrift fuer Medizinische Laboratoriumsdiagnostik (1991), 32(3/4), 163-6
CODEN: ZMLADB; ISSN: 0323-5637
AB Trials of **fecal** albumin detns. with an ELISA-based **test -strip** (Colon Albumin Test) in comparison with immunonephelometry revealed good agreements and a detection limit of the former corresponding to 0.5 mL blood/100 g feces. The method is thus suitable for screening for colonic carcinomas in humans.

L17 ANSWER 16 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN

TI Method and device for collecting and testing for **fecal** occult blood
IN Baker, Josefina T.; Pagano, Joseph F.; Schoengold, Ronald J.
SO U.S., 8 pp.
CODEN: USXXAM
AB A device for collecting and testing human **fecal** Hb comprises (1) a sampler consisting of a pocket-like wipe pad containing an insert, and (2) a test slide comprising a front and a rear panel (the front panel having ≥1 aperture and a hinged cover for the aperture) containing in between a sheet carrying a test reagent for reception of the **fecal** specimen, and adhesive means to contact and seal the wipe pad within the aperture when the cover is in its closed position. After collection, the sampler is placed between the panels of the slide with the **fecal** sample in contact with the reagent sheet and with part of the insert protruding from the edge of the slide. The insert (which has absorbed **fecal** fluid and is free of the test reagent) is removed and used in a 2nd confirmatory test (e.g. immunoassay).

L17 ANSWER 17 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Specimen slide for occult blood testing
IN Lawrence, Paul Joseph; Townsley, Charles William
SO Eur. Pat. Appl., 17 pp.
CODEN: EPXXDW
AB A color test slide with improved specificity, readability, and sensitivity for **fecal** blood is described that has a front panel with several narrow openings for sample application, a guaiac sheet containing haptoglobin under the openings, a rear panel with a flap for applying a buffered aqueous developer containing H2O2 to the **test strip**, and a hinged cover. Complexation of blood Hb with haptoglobin increases the pseudoperoxidase activity of Hb, and the Hb-catalyzed oxidation of guaiac in the presence of H2O2 in the buffered developer (pH 2.9 is optimum) produces a blue color that remains for 5 min in contrast to com. slides in which the color disappears rapidly.

L17 ANSWER 18 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Diagnostic device for **fecal** occult blood
IN Fleisher, Martin
SO Eur. Pat. Appl., 24 pp.
CODEN: EPXXDW
AB Interference by peroxidase in **fecal** blood (Hb) detection by color reaction on guaiac-impregnated paper is prevented by adding a compound that cleaves protein H bonds (e.g., guanidine.HCl) and a chelating agent for Ca and(or) Mg (e.g., EDTA). A pretreatment period of 2-3 h effectively inhibited peroxidase activity, but did not decrease color development due to Hb.

L17 ANSWER 19 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Test sample envelope
IN Kraemer, Dieter; Hartl, Roland
SO Brit. UK Pat. Appl., 4 pp.
CODEN: BAXXDU
AB Test envelopes (strips) for detecting occult blood in **fecal** samples comprise a backing sheet, an apertured sheet, an intermediate sheet impregnated with reagent, e.g. guaiacum resin, and a cover sheet. The side of the cover adjacent to the apertured sheet is coated with adhesive which is protected by a peelable layer.

L17 ANSWER 20 OF 21 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
TI SCREENING FOR CYSTIC FIBROSIS IN THE NEW BORN BY MECONIUM ANALYSIS.
AU RYLEY H C [Reprint author]; NEALE L M; BROGAN T D; BRAY P T
SO Archives of Disease in Childhood, (1979) Vol. 54, No. 2, pp. 92-97.
CODEN: ADCHAK. ISSN: 0003-9888.
AB During a 4 yr routine screening program for cystic fibrosis (CF) 15,464 specimens were examined for raised meconium albumin levels by a **test strip** method and by electroimmunoassay. The incidence of false-positive results was about 5/1000 specimens in either test. This could be reduced by 90% by determining the ratio of albumin: α-1-trypsin inhibitor (a ratio below 2.0 being considered as a negative result), and it could be reduced to 0 by determining the ratio in subsequent **fecal** specimens. Three of 12 meconium specimens from infants with proved CF gave false-negative results in all 3 tests. The other 9 specimens had > 100 mg albumin/g dry wt and albumin: α-1-trypsin inhibitor ratios of > 3.0. In subsequent **fecal** specimens the ratios were over 4.0. Meconium specimens [176] from elsewhere in the UK [United Kindgom] were examined and these included 23 from infants who subsequently proved to have CF. Of these 23 CF specimens 6 gave false-negative results, the other 17 being strongly positive. The origins of meconium serum protein suggest that infants with CF in whom meconium gives false-negative results have normal pancreatic functions at birth. The specificity of current meconium tests therefore cannot be improved as they depend on pancreatic dysfunction.

L17 ANSWER 21 OF 21 CAPLUS COPYRIGHT 2004 ACS on STN
TI Specific test reagents for occult blood
IN Adams, Ernest C., Jr.; Peterson, James A.
AB Filter paper strips, 1 + 10 cm., were impregnated with 4N citrate buffer, pH 4.8, dried, and then overlaid with a $CHCl_3$ solution containing 0.05 ml. of cumene hydroperoxide and 20 mg. of o-tolidine (I)/ml., and then dried again. The reagent strips react within 30 sec. to give a blue color with dilns. of blood in H_2O water up to 1:100,000 and in urine up to 1:20,000. These strips when compared with strips prepared with 1-hydroxycyclohexyl hydroperoxide, Et H peroxide, or Sr peroxide have 2-10 times the sensitivity toward blood but only 0.01 as much sensitivity toward horseradish peroxidase. Thus, solid reagents were prepared with the

same organic peroxides, I, effervescent couple, buffer, excipient, and indicator dye D and C Red Number 35. The reagent detects blood at the following dilns.: water 1:100,000, urine 1:20,000, **fecal** emulsion 1:2000, and **fecal** smear 1:200. Cf. CA 52, 14749e.